

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **0980000036951**
 1. Entity Name **ASSOCIATES IN PAIN MEDICINE PA**
16050 HORIZON PLAZA #109
FT. MYERS, FL 33908

FILED
00 AUG 30 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **3660 CENTRAL AVE**
SUITE #2
FT. MYERS, FL 33901
 Mailing Address **16050 S. TAMiami TrL**
HORIZON PLAZA #109
FT. MYERS, FL 33908

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0829581** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DR. TODD WILLIAMS
Chiropractic Physician
Horizon Plaza Suite #109
16050 S. Tamiami Trail
Fort Myers, FL 33908
941-437-1155

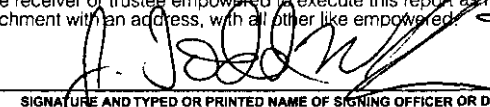
7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE  **J. TODD WILLIAMS** **8/25/2000**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS
 TITLE **PRESIDENT / OWNER** ☐ Delete
 NAME **J. TODD WILLIAMS, DC**
 STREET ADDRESS **16050 S. TAMiami TrL**
 CITY-ST-ZIP **FT. MYERS, FL 33908**
 TITLE **SEC. / TREASURER** ☐ Delete
 NAME **JUDE DAY WILLIAMS**
 STREET ADDRESS **16050 S. TAMiami TrL**
 CITY-ST-ZIP **FT. MYERS, FL 33908**
 TITLE ☐ Delete
 NAME
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 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
300003383813--8
-09/12/00--01048--003
*****150.00** ☐ Change ☐ Addition
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE:  **J. TODD WILLIAMS, DC** **8/14/2000**
 Signature and typed or printed name of signing officer or director Date Daytime Phone # **(941) 437-1155**

CR2E034 (9/99)